

AMAL MATOR MEAN AND RECK WINES 1963-1978

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Unclassified SECURITY CLASSIFE ATION OF THIS PAGE INDER PROPERTIES READ INSTRUCTIONS REPORT DOCUMENTATION PAGE BUT ONL COMPLETING FORM HEPONT NUMBER 2. GOVT ACCESSION HOT RECIPIENT'S CATALOG NUMBER O IN TYPE WALLES A PROPERTY IN O FINAL REPORT. ANALYSIS OF NAVAL AVIATION HEAD AND NECK MAY 19971 - MAY 19978. INJURIES (1969-1978). BIHLIN TOURS ONG DAMAGE MANHER Ø249-78-81 AUTHORIO CONTRACT OR GRANT NUMBER(I) L. H. /Tyndall N00014-71-C-0318 /_ R. W./Carr TO PROGRAM TELMENT PROJECT, TASK ENFORMING ORGANICATION NAME AND ADDRESS Dynamic Science, Inc. 61153N, RR 023-03, RR 013-A Talley Industries Company 03-01, NR 064-526 1850 W. Pinnacle Peak Road, Phoenix, AZ 85027 CONTROLLING OFFICE NAME AND ADDRESS 12 REPORT DATE Office of Naval Research May 1978 Department of the Navy NUMBER OF PAGES Arlington, Virginia 22217 THE MONITORING AGENCY HAME & ADDRESSOIL 15 SECURITY CLASS (of this report) intellent leas Controlling Office) Unlimited Distribution Unclassified ISA DICLASSIFICATION DOWNGRADING 16 DISTRIBUTION STATEMENT (of the Report) This document has been approved Unlimited Distribution for public relices and relation distribution is unimited. IN SUFPLEMENTARY HOTES None 19 KEY WORDS (Continue on teverse side if naces vars and identify by block numbers Navy aircraft accidents; injuries to head and neck PO AUSTRACT (Continue on enverse side if necessary and identity by block monte e) U.S. Naval aviation accidents during the period January 1969 to March 1978. were reviewed to study the nature and severity of injuries to the head and neck. Results, by aircraft models and types, were tabulated and analyzed to determine the number and types of injuries to the skull, face, eyes, neck, and cervical vertebra; this information was then used to determine the primary impact force direction. The role of the helmet in injury causation or prevention was also considered in the final directional determination c DD FORM 1473 FOLLOW DE LNOVES IS OBSOLETE Unclassified

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CONTENTS

			Page
aragraph	1.0	INTRODUCTION	5
_	1.1	Objectives	6
	2.0	METHODOLOGY	7
	3.0	AIRCRAFT SUMMARIES (1969 - 1978)	9
	3.1	Model Summaries	9
	3.2	Type Summaries	47
	3.2.1	Attack Aircraft	57
	3.2.2	Cargo Aircraft	57
	3.2.3	Fighter Aircraft	60
	3.2.4	Helicopters	60
	3.2.5	Patrol Aircraft	60
	3.2.6	Search Aircraft	63
	3.2.7	Trainer Aircraft	63
	3.2.8	V/STOL Aircraft	67
	3.3	Analysis and Discussion	67
	3.3.1	Protection Considerations	69
	3.3.2	Directional Considerations	71
	4.0	INJURY PROFILES	74
	4.1	Aircraft Type Fatal Injury	
		Profiles	74
	4.1.1	Attack Aircraft	74
	4.1.2	Fighter Aircraft	7 5
	4.1.3	Trainer Aircraft	79
	4.1.4	Helicopters	81
	4.1.5	Search Aircraft	83
	4.1.6	Patrol Aircraft	85
	4.1.7	V/STOL Aircraft	85
	4.2	Analysis and Discussion	87
	5 .0	MOR REPORTING SYSTEM	91
	6,0	INJURY COSTS	93
	7 .0	CONCLUSIONS	96
	8.0	RECOMMENDATIONS	97



FIGURES

			Page
FIGURE	1. 2. 3. 4. 5. 6. 7.	Attack Aircraft Injury Profile Fighter Aircraft Injury Profile Trainer Aircraft Injury Profile Helicopter Injury Profile Search Aircraft Injury Profile Patrol Aircraft Injury Profile V/STOL Aircraft Injury Profile	76 78 80 82 84 86
		TABLES	
TABLE	1.	Accident Injury Summary for A-2	
	2.	Aircraft	11
	3.	Aircraft	12
		Aircraft	13
	4.	Accident Injury Summary for A-6 Aircraft	14
	5.	Accident Injury Summary for A-7 Aircraft	15
	6.	Accident Injury Summary for C-1	
	7.	Aircraft	16
	8.	Aircraft	17
		Aircraft	18
	9.	Accident Injury Summary for C-9 Aircraft	19
	10.	Accident Injury Summary for C-45 Aircraft	20
	11.	Accident Injury Summary for C-47	
	1.2.	Aircraft	21
	13.	Aircraft	22
		Aircraft	23
	14.	Accident Injury Summary for C-121 Aircraft	25
	1.5.	Accident Injury Summary for C-130 Aircraft	26
	1.6.	Accident Injury Summary for C-131	27
	3.7.	Aircraft	
	1.8.	Aircraft	28
	<i></i> •	The second are just y transmissing that is a	• •

TABLES

			Page
TABLE	19.	Accident Injury Summary for F-4	
		Aircraft,	30
	20.	Accident Injury Summary for F-8	
	2.1	Aircraft	31
	21.	Accident Injury Summary for F-9	2.0
	2.2	Aircraft,	32
	22.	Accident Injury Summary for F-14	2.2
	2.1	Aircraft	33
	23.	Accident Injury Summary for H-1	2.4
	24.	Aircraft	34
	44.	Accident Injury Summary for H-2	26
	25.	Aircraft	36
	٤),	Accident Injury Summary for H-3	37
	26.	Aircraft	37
	~ U .		38
	27.	Aircraft	აი
			39
	28.	Aircraft	
	~ 0.	Aircraft	40
	29.	Accident Injury Summary for H-57	40
	7 .	Aircraft	41
	30.	Accident Injury Summary for P-2	4.1
	50.	Aircraft	42
	31.	Accident Injury Summary for P-3	42
	31.	Aircraft	4.3
	32.	Accident Injury Summary for S-2	ر الد
	J2.	Aircraft	. 44
	33.	Accident Injury Summary for S-3	
	,,,	Aircraft	. 45
	34.	Accident Injury Summary for T-1	
	31.	Aircraft	. 46
	35.	Accident Injury Summary for T-2	
	•	Aircraft	. 48
	36.	Accident Injury Summary for T-28	
	- • •	Aircraft	. 49
	37.	Accident Injury Summary for T-33	
	· · ·	Aircraft	. 50
	38.	Accident Injury Summary for T-34B	
		Aircraft	, 51
	39.	Accident Injury Summary for T-39	
		Aircraft	. 52
	40.	Accident Injury Summary for U-11	
		Aircraft	. 53
	41.	Accident Injury Summary for U-16	
		Aircraft	. 54
	42.	Accident Injury Summary for AV-8	
		Nircraft	. 55

TABLES

			Page
TABLE	43.	Accident Injury Summary for OV-10	
		Aircraft	56
	44.	Accident Injury Summary for Attack	
		Aircraft	58
	45.	Accident Injury Summary for Cargo	
		Aircraft	59
	46.	Accident Injury Summary for Fighter	
		Aircraft	61
	47.	Accident Injury Summary for	
		Helicopters	6.7
	48.	Accident Injury Summary for Patrol	
		Airciaft	64
	49.	Accident Injury Summary for Search	
		Aircraft,	65
	50.	Accident Injury Summary for Trainer	
		Aircraft	66
	51.	Accident Injury Summary for V/STOL	
		Aircraft	6.8
	52.	Injury Distribution by Aircraft Type `	6.9
	53.	Head and Neck Injury Summary for	
		Period Jan. 1969 - Mar. 1978	70
	54.	Injury Position Summary for Period	
		Jan. 1969 - Mar. 1978	72
	55.	Attack Aircraft Injuries	75
	56.	Fighter Aircraft Injuries	77
	57.	Trainer Aircraft Injuries	74
	58.	Helicopter Injuries	81
	50.	Search Aircraft Injuries	8.3
	60.	Patrol Aircraft Injuries	85
	61.	V/STOL Aircraft Injuries	87
	62.	Societal Costs, Summary, 1975	94
	63.	Societal Costs of Navy Fatalities	, -
	• •	Based on AlS 6	95

1.0 INTRODUCTION

Modern combat and most non-tactical aircraft of all military departments have one basic mission similarity, i.e., quick relative response and tast engagement or delivery time. With turbine engine installations this is true even for rotary-wing aircraft. Engineering design to achieve such high speeds has placed comphasis on propulsion systems, structures, and environmental systems to support operator functions at high altitudes, high speeds, all weather conditions, etc. The operator(s) must function it any manned air mission is to be undertaken and accomplished. It either tatal or survivable accidents are to be avoided, operator functions must occur in a skilled, systematic, reflexive order. Damage to the upper body region, particularly head and neck, constitutes the greatest threat to sustaining proper operator functions, and a great deal of research effort has been expended to develop protective measures to prevent upper body damage, e.g., helmets, armor, restraint, and ejection systems.

The need for high performance, and also increased armament, has resulted in decreased crashworthiness and, to some extent, decreases in operator protection. This has not been a deliberate process, but rather an acknowledged trade-off to advanced mission requirements. Devoting effort to crashworthiness in a 600-mph impact has known end points.

High performance aircraft accidents are characterized by low survival rates, usually as a result of impact torces and or resulting tires. Many such accidents are a matter of public record, and the public instructively seeks to know the number of tatalities. If there are survivors, this is regarded as remarkable. How much the lost aircraft costs also continues to elicit some wonderment.

The main thrust of the effort reported herein has been to identify information which will denote where further research on protection for the head and neck should be conducted.

1.1 OBJECTIVES

Navy aeromedical personnel have a historic devotion to improving survivability for all aircraft occupants, and have developed and maintained an accident reporting system which provides extensive data on skull, face, eye, neck, and cervical injuries as well as injuries to other body parts. Injury locations, causes, diagnoses, and contributing factors are computerized and readily accessible in the data bank maintained by the Naval Safety Center, Norfolk, Virginia. In addition, copies of Medical Officers Reports (MOR) are on file for analysis in either hard copy or microfilm.

Using both computer data and MOR, the objectives of this effort were to:

- Determine directionality of injuries to the skull, face, eye, neck, and cervical vertebra, i.e., the location of the external causal element with respect to the crewman's position in the crash environment.
- 2. Identify data applications for further research.

2.0 METRODOLOGY

The mothodology involved obtaining printouts of narrative and coded data on all davy aircraft accidents which resulted in fatal and survivable injuries to the skull, face, eye, neck, and cervical regions.

The accident printout covered the period from January 1969 to March 1978. The following aircraft were involved during this period:

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C-45	11-3	11-11
0-47	11 - 14	0.1 - 1
C-117	11-46	
C-118	11-53	V8 - NV
C-121	11-57	
C-130		OV-10
C-131	1,-7	
	1'-3	

Several of the above arreraft are no longer in inventory, but all were included, initially, for type significance.

From the accident printout and on the basis of availability of autopsy results, specific MOR were identified, retrieved, and studied in the directionality determination effort. The limited scope of the program limited this effort to an analysis of 37 MOR.

To gain statistical data and interences, printouts of the tollowing were obtained and analyzed:

- Number of injuries to five regions of concern.
- Fatality and injury totals.
- Seating position totals.

For all aircraft models:

- Injury identification, location, cause, etc.
- Fatality and injury totals.

3.0 AIRCRAFT SUMMARIES (1969 - 1978)

This section presents summaries (by aircraft model and types) of injuries to skull, face, eye, neck, and cervical vertebra and further shows where these injuries were sustained by seating position. The seating position information is presented in two categories, cockpit and crew/passenger/unknown, which are then combined as total injuries (fatal and non-fatal). Much greater seating position detail is available from the data bank, but the importance of cockpit survivability is recognized and stressed in this study. A total seating position study was beyond the scope of the program. Also, study of the MOR revealed a few cases where cockpit personnel may fall in the unknown sub-category in catastrophic crash and burn accidents. These are rare cases, however, and not statistically significant.

Most of the model and type data presented here show the decrease in injuries which occurred as combat operations decreased in Vietnam. This difference in combat and non-combat operational environments is discussed later.

The aircraft information presented is taken from "Jane's All The World's Aircraft" (The Trade Press Association Ltd., London). Anomalies exist between Jane data and data furnished for the analysis, particularly where aircraft are classed as single-seat by Jane and other-than-cockpit seating data were furnished.

3.1 MODEL SUMMARIES

Analytical comments for the aircraft model summaries will deal with injuries dominance and contribution significance, with other comments as appropriate.

A-Ti Table	Skull and face injurious account for more than half (14 of 24) of injurious in the data used. Cockpit injurion (18 of 14) were dominant.
A-4: Table 2	skull and nock injuries (21 and 25, respectively, of 83) are most prevalent, and eackpil injuries account for 14 of 60 position data.
A-5: Table 3	Neck injugion account for nearly half (9 of 19) of injurien numbered, occurring in the cockett for the most part.
A - 64 Talide 4	Skall and face injuries (17 of 58) were the most dominant injuries for the total 46 fatal and new fatal injuries mustained. The cockpit experienced most of the 46 injuries (12 of 46).
A - / i Talble	picull infusion dominate κ -2 accidents (29 of H1), consistion information is suspect,
C-li Table 6	skull injuries account for all but one of the eight injuries for the Col. Position information to and peet.
Celt Table 7	one okall injury was reported to: the C.2, resulting in one fatality in the non-cockpit poultion.
Cada Tablo B	An for the C-2, pkull injurion dominate for the C-4 (3 of 4); these contributed to three fatalities, The C-4 is reported out of inventory.
Cops Table 9	A single non-tatal eye injury was repeated for the ${\it C=9}_{\pm}$
C -45; Table 10	Two non-fatal cockpit in jurion were derived from one each akult and tace injurien. The C-45 in reported out of inventory.
C - 4/1 Table 11	No fatalities are attributed to three skull and one face in hunter. Most were restained in the ecclest.
C-1171 Table 12	one (atal (akult) and one non-tital (tace) injury were derived from non-cockpit ponttions.
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TABLE 8. ACCIDENT INJURY SURMARY FOR C-4 AIRCRAFT (JAN. 1969 - MAR. 1978) TABLE 8. ACCIDENT INJURY SURMARY FOR C-4 AIRCRAFT (JAN. 1969 - MAR. 1978) TOTAL INJURIAL STATE FOR THE STATE
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C-121: Table 14	A total of 34 injuries are reported for one datas- trophic accident in 1970. Skull (21) and face (10) account for the majority (31 of 34). There were 19 fatalities, three occurred in the cockpit.
C-130: Table 15	Skull (5) and neck (4) injuries (11) were dominant for the C-130. Three fatalities occurred in the cockpit and two were in non-cockpit positions.
C-131: Table 16	No fatalities resulted from one each face and cer- vical injuries in the C-131; both were in non- cockpit positions.
E-1: Table 17	The E-1 is reported out of inventory. It accounted for seven injuries from 1969 to 1971. Face (4) and skull (2) injuries were most provalent. One each fatality occurred in cockpit and non-cockpit positions.
E-2: Table 18	A consistent skull and face injury trend is shown for the E-2. They accounted for 17 of 21 injuries reported (skull 9, face 8). Of 6 fatalities, 4 occurred in the cockpit.
r-4: Table 19	The F-4 Phantom does not follow the trend indicated by most of the models studied; it continues to cause serious injuries after the combat period (1969 = 1970). Skull (37) and nack (38) injuries caused 75 of the 110 injuries reported; the face had 26. Together, they account for 91% of the total 110. The cockpit is credited with 24 of 32 fatalities; other position data are suspect.
F-8: Table 20	The F-8 skull (8) and neck (8) injuries are dominant; they account for 16 of the 26 reported injuries. Position data are suspect.
F-9: Table 21	Tho F-9 is reported out of inventory, but it ac- counted for 13 injuries, mostly skull (6) and neck (5). Of 10 total position data, 8 were fatalities.
F-14: Table 22	Only one fatality (cookpit) is reported for the F=14, obviously from skull injury (2) contribution. Hook (4) and skull (3) were primary contributors to 6 non-fatal injuries.
H-1: Table 23	The H-1 injuries of 19(9 through 1971 accounted for 60 of the 84 injuries. Bkull (37) and face (10) injuries dominate the entire 10-year period. Of note, no cervical injuries are reported. Cockpit (35) injuries accounted for most position data; 13 were fatalities.

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				22.22	1069	1070	1971	1372	1373	1074	1275	1076	1377	1373	TOTAL		

H-2: Table 24	No fatalities are reported for the H-2, and face injuries (7 of 12) are dominant.
ll-3: Table 25	Skull injuries dominate for the H-3 (14 of 24), and only one cockpit fatality is reported among 18 total position data.
H-34: Table 26	The H-34 is reported out of inventory, but it accounted for 15 injuries in 1969 through 1971; the skull received 12 of these. Cockpit fatalities are high (5 of 7 total).
H-46: Table 27	Like the H-1 and H-34, injuries for the 1969 through 1971 period are high (50 of 77 total); most of these are contributed by the skull (35) and face (24). Of 53 seating positions reported, 26 were fatalities; 5 occurred in the cockpit.
H-53: Table 28	The H-53 has a consistently high injury rate over the 10-year period. Like the H-46, skull (37) and face (21) dominate the total 82 reported. The cockpit experienced 7 of the 25 fatalities.
H-57: Table 29	Two face injuries contributed to one non-fatal non-cockpit injury.
P-2: Table 30	One accident in 1969 contributed most (13 of 15) of the P-2 injuries. Of the total 15, 9 were skull and 4 were face injuries. Two cockpit fatalities are derived from the position data.
P-3: Table 31	Neck (28) and skull (12) dominate the 43 reported injuries. Only fatal injuries (13) were sustained in the cockpit, half of the total 26.
S-2: Table 32	Skull injuries dominate the data reported (12 of 25), and fatalities in the cockpit (11) prevail in the total position data of 17. Also of particular note, there was a total of 15 fatalities in the position total of 17.
S-3: Table	Like the S-2, skull injuries dominate the injury distribution in the data for the S-3 (4 of 6). Cockpit fatalities are high also, accounting for 3 of 5 position data.
T-1: Table 34	The T-l is reported out of inventory, and the little data available are used only for total analysis.

10070																
	TOTALS	CPEW/PSGR./UNK.	NON- FACAE	2			2	П						9		
1978)	POSITION TOT	CPEW/PS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•							-	0	9	10
MAR.		PIT	NON- FATAL			1	2			1				4		ן נ
1969 -	SEATING	COCKPIT	13 44 44 13											0	4	
r (JAN.		JURIES	NOTI- FATAL	2		1	4	ı		2				10		
AIRCRAFT		TOTAL INJURIES	FATAL											0 .	0 ι	4
SUMMARY FOR H-2			TOTAL (1-5)	2		1	4	1		4				12	Carre	in the control of the
MMARY			CAC CAC (5)					1						7		
INJURY SIJ	_		NECK (4)							,				0		
ł			ar:	 				 								
ACCIDENT			EYE (3)				2			1				т		
24.		•	FACE (2)	2		1	2			2				7		
TABLE			SKULL (1)							н				1		
			5. 6. 6. 6.	1363	1379	1271	1972	1273	1274	1975	1076	1377	1,373	TOTAL		

100/0	70"															,
	TOTALS	sa. /mik.	NOX- FATAL		п	m ·	7			Н	ι	1		8	0	
1978)		ರತಿತ್ಯ/ಶಿಶ್ವರ /ಬಾಜ	1500		*		-	1	1-3	1				2	10	88
- MAR. 1	HOLLISON CH		SC:- FATAL	1	1		2		2				1	7		18
1959 -	SEATING	TEADCO	: SATA:					1						1	80	
(JAN.		137.19.25	NON- FACAL	1	2	3	3		2	1	1	1	1	15		
H-3 AIRCRAFT			FATAL					2		1				.3		0 -1
FOR H-3			11-5:	гđ	2	5	т	ж	2	٣	1	Н	m	24	C tr	TOTALS
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ACCIDENT			(a) (b)											G		
35.		•	(i) (i)	,		н	2						r-1	ũ		
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1978)	Servees	1917	н	1-4					-				2		[편 [편
- MAR.		Mark-	2										2		+ 4
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1978)	POSTTER 130	وعجد عووع	FACAL	6	2	ıc	m	1		= -	τ	-		21	4.0	
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	TABLE	28.	ACCIDENT		INJURY SUMMARY	FOR H-53	3 AIRCRAFT	FT (JAN.	1969	- MAR.	1978)	
									SKITES		POSITION TOTALS	ट्रास
							TOTAL INJURIES	MJURIES	COCK		Sa/MGEO	CREW/PSGR./UNK.
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23.0	4	80	2			14	1	7	1			7
1221	2	7		Н		4	1	3	1			3
2721	7				1	8	1	S			7	5
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						TOTALS)	-1		61		

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FOR H-5			101AL (1-5)							2				2	1	200
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ACCIDENT			E75											O		
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TABLE														ပ		
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1969 - MAR. 1978)	SEATTS POSTITION TOTALS	212	EATAL	•										4	9	
- 6961	SEAT	COCCE	SACAL	2										2		
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FOR P-2			11-51	13	rel			1						25	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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INJURY SURBARY FOR P-2 ALACRAFT (JAN.				rd						-				p=4		
ACCIDENT			E (3)	,	44 g/d ag/lg 14									p=4		
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- MAR.	STREAK NOTETION CHICKES	COCKPIT	NCN- PATAL												1
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ACCIDENT INJURY SUMMARY FOR S-2 AIRCRAFT (JAN.			TCTAL (1-5)	9	ũ	1	3	2	5	1		2		25	COMBINED
SUMMARY			(S)						3					3	<u> </u>
INJURY			35CK (4)	1	2			-				2		9	
CCIDENT			EYE (3)												
32.			72CE (2)	1	1		2							4	
TABLE			3KULL (1)	4	2	1	7	7	2	г				12	
			0) 4) 5) 20	1363	0 t 0 t	22.00	65 65 65 75 75	1073	1074	1375	1075	1277	1973	174101	

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	ALS	CREW/PSGR./UNK.	HOH- FATAL									2		2	2	
1978)	TOT NOIT	CPE:4/2S(FATAL		. 1		:									
- MAR.	SEATING POSITION TOTALS	COCKPIT	HOM- FATAL													v
1969 -	SEAT	Š	FATAL						۲۷	1				3	ю	
T (JAN.		CURIES	NON- FATAL									2		2		
AIRCRAFT (JAN.		TOTAL INJURIES							2	1				. 3	ι	n
FOR S-3			TCTAL (1-5)						2	2		2		9	CERTER	27.47.71
SUMMARY FOR			(5)												<u>.</u>	,
INJURY			NECK (4)							H				H		
ACCIDENT			EYE (3)									-4		1		
33.			5ACE (2)													
TABLE			SKULL (1)						2	7		1		4		
			6. 11 13 24	1363	1070	1221	1372	1073	103	1075	9 to 54	1333	1018	10181		

10010	100															
	Sir	CPEW/PSGR./JUK.	NON- FAIRE											0	1	
1978)	POSITION TOTALS	CPEW/PS	FATAL	1										1	-	
MAR.			NON- FATAL											0	-	2
1969 -	SEATING	COCKPIT	14747		1									н	·	
JAN.		JURIES	nos- Patal											0		
AIRCRAFT		TOTAL INJURIES	17000	1	1									. 2		4
T-1			TOTAL (1-5)	1	1	,								2	Cui	1014101
RY F	-							ļ							7. 	£.
SUMMARY FOR	_		CERTT - CAC (5)					 						0		
INJURY			NECK (4)						'					0		
ACCIDENT			EYE (3)											0		
34.			FACE (2)											0		
TABLE			3KULL (1)	н	1									2		
			6. 6. 10 21	1363	1373	7,2,07	1372	1373	1001	2375	1376	752	1373	TOTAL		

T-2: Table	As seen here and as will be shown later, skull injuries dominate the data distribution for trainer aircraft, 14 of 26 for the T-2. Cockpit fatalities account for near half of the position data (8 of 1)
T-28: Table	Skull (11) and neck (9) account for most of the injury data (20 of 31). Cockpit fatalities are nearly half of the position data (11 of 24).
T-33: Table 37	Inventory status of the T-33 is uncertain, and the little data available are used only for total analysis.
T-34B: Table 38	Skull injuries account for 9 of 14 T-34 injury data, and cockpit fatalities dominate the position data (6 of 8).
T-39: Table 39	Skull injuries (10 of 11) and cockpit fatalities (6 of 11) dominate the T-39 data. A duplication of injury and position data occurred (1974 and 1977) which could be of interest.
U-11: Table 40	Data furnished are useful only in total analysis.
U-16: Table 41	
AV-8: Table 42	Skull (7) and neck (6) dominate the AV-8 injuries (13 of total 22). Cockpit fatalities account for half of the position data (5 of 10).
OV-10: Table 43	Skull accounts for over half the injury distribution (9 of 17). Cockpit fatalities again account for a majority of the position data (8 of 13).

3.2 TYPE SUMMARIES

The injury and position data presented for each aircraft model in Section 3.1 is summarized and discussed by type in this section, e.g., attack, trainer, helicopter, etc.

The following aircraft are not included in the type summaries because of loss from inventory:

C-4	E-1	11-34
C-45	F-9	T-1

10070			т							T		1	1		
	rais	GR./JNK	ncu- Fatal		1							ы		٣	m
1978)	POSITION TOTALS	CPEW/PSGP./JNK	FATAL											0	
MAR.		PIT	NON- FATAL	2		1	2				1			6	4
- 6961	SEATING	COCKPIT	FATAL	4		1	1	1		17				8	14
r (JAN.		JUNIES	NON- FATAL	. 2	1	1	2				2	1		6	
AIRCRAFT (JAN.		TOTAL INJURIES	きみまみこ	4	-	щ	٦.	1		1				8	
T-2			TOTAL (1-5)	01	1	3	9	ы		ī	ဗ	1		56	
SUMMARY FOR			CBRVT- CAL (5)	2										2	
INJURY S			NECK (4)	2		2	2							9	
ACCIDENT			EYE (3)									1		1	
35.			FACE (2)	1							2			3	
TABLE			SKULL (1)	'n	1	r-l	4	ı			7			14	
			YEAR	1262	120	1371	1372	1273	1374	1075	2076	1277	1078	TOTAL	

				_											
	TION TOTALS CREW/PSGR./UNK.	ncn- Fran								,			0	·	
1978)	CREW/PS	FATAL		1									τ	1	24
- MAR.	SEATING POSITION TOTALS COCKPIT CREW/FSGR./	non- Fatal	1	1		2	2	4			1	1	12	3	2
1969	SEATING COCKPIT	FATAL	9	1	1	1	τ					1	11	23	
FT (JAN.	INJURIES	NON- FATAL	1	.		2	2	Ą			1	1	12		4
ACCIDENT INJURY SUMMARY FOR T-28 AIRCRAFT (JAN.	TOTAL IN	FATAL	9	2	. 	. 1	1					1	,12		24
FOR T-28	·	TCTAL (1-5)	7	3	ī	3	3	6			1	4	31	CHRITIED	TOTALS
SUMMARY		CERVI- CAL (5)		1			1						2		
INJURY 8		NECK (4)	8		1	1	1	2			1		6		
CIDENT		EYE (3)	1	1									2		
36.		FACE (2)				1		9					7		
TABLE		SKULL (1)	3	7		1	1	1				4	11		
		YEAR	1363	0201	1721	1572	1273	1374	1275	1275	177.	1378	TOTAL		

100/0	5 O R-															
	ALS	CREW/PSGR./UNK.	NOH- FATAL	0										0	0	
1978)	POSITION TOTALS	CREW/PS	FATAL	0			:							0	• • •	
- MAR.		PIT	HON- FATAL	1										1		3
1969	SEATING	COCKPIT	FATAL	2										2	3	
T (JAN.		CORTES	NOW- FATAL	1										1		
AIRCRAFT		TOTAL INCOMES	FATAC	2										. 2	,	m
FOR T-33		1	TOTAL (1-5)	4										4	CENTENOO	TOTALS
	├														S	51
SUMMAR			CERTY CAL CAL (5)											0		
INJURY SUMMARY			NECK (4)	2										2		
ACCIDENT			EYE (3)	1									-	1		
37.			FACE (2)	1										7		
TABLE			SKULL (1)											0		
			व्य १५ १३ १३	1363	1975	1201	1972	1373	1074	1375	1075	1077	1778	TOTAL		

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ACCIDENT			(r) (r) (g)											0		
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TABLE									10			ın		50		
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	TAILS	58. / DRK	NOX- FACAL											0		
MAR. 1973)	edericon rottisos	CREW/PSGR./URK.	FATAL	_	· <u>.</u>		. C			-	•			0	0	
- MAR.		FIE	NON- FACAL			2								2		
1969	SEATING	COCKPIT	FATAL											0	2	
AIRCRAFT (JAN.		CURTES	MON- FATAL			2								2		
		TOTAL INCURIES	7 62 6 2											Ο,	(2
INJURY SUMMARY FOR U-11			107AL (1-5)			м						1 .		۳۱	(); 6 C %;	
SUMMARY			- 1 (ic)						1911-1					0		; `
INJURY			35CK (4)									:		G		
ACCIDENT			E75				17.10	Ę						0		
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TABLE			333			-1								7		
			0; 0; 11 14	0 0 0 1	C C C C	11.51	11.00	6 5 7	;† ;;	10 f (7) (4)	11	1	m) (- ()	11 11 11 12		

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	TALS)	ron- Fatal					7						1	7	
. 1978)	TION TOTALS	2 /	FATAL						75:11					0	-	
- MAR.	SEATING POSITION TOTALS	115	MON- FATAL											0	0	
1969	SEAT	3	באבאב											0		
AFT (JAN.	INCURES		NON- PACAL					1						1		
ACCIDENT INJURY SUMMARY FOR U-16 AIRCRAFT	TOTAL E		74146											0		4
FOR U-			TOTAL (1-5)					1						1	1000 E	TOTALE
SUMMAR			CAC CAC (5)											0	C.	
INJURY			NECK (4,											0		
ACCIDENT			EYE (3)											0		
41.			5255 (2)											0		
TABLE			SKULL (1)					н						1		
			614 615 101	(N) (D) (A)	2.04	7,407	101	2.073	5	10 1 10 10	5.75	100	6 C 7	16:01		

1007.0																
	كنبا	CREW/PSGR. /UNK.	PACS.											0	Ħ	
1978)	SEATING POSITION TOTALS	CREW/PS	FATAL						1	1				1		13 01
- MAR.	1304 D:13	COCCET	30%- FATAL								2	2		4	6	F-1
1969	SEAT	eco	FATAL			Ţ			н	2		1		5		
FT (JAN.		CATHLES	MON- FATHE								2	۲3		9\$		
AIRCRAFT		13.17	- 5.55			r-1			2	2		r-d		9	;	9
FOR AV-8			70732 (1-5)			2			5	3	រោ	7		22	() 	17
SUMMARY			12 13 13 13 13 13 13 13 13 13 13 13 13 13						7	Ħ				2	\	
INJURY			15. (4)						1	æ	2	2		10		
ACCIDENT			17.00									۳		3		
42.			57.25 (2)								~1	н		4		ı
TABLE			3.7.7.			2			3	₽4		7:4		7		
			0((1) (1) (2)	() () ()	100	<u>;;</u>	3203	1373	(F)	5161	(0) (1) (1)	10	m f	:5:		

100/07	· · ·	-														
	נאנט	CEEA/PSSS //CSK.	-10: -14:74:	ī		ı						·		7	8	
1978)	POSITION TOTALS	CEEN/PS	באבאב	1		-								1		13
- MAR.	1505 2:1	⇔αಡ∷	:3C:1- EACAL		1		ī							2	0	7
. 1969	SHIZKES	∞	5454.	4	3		1							8	10	
AFT (JAW.		25.73.25	-202	1	1	1	1							4		^
10 AIRCRAFT		TOTAL T	- Para	5	3		H.							6.	•	57
CHURY SUMMARY FOR OV-10			10141 (1-5)	8	þ	3	2							17	CSXIEWO	TOTALS
SUMMARY			(S) -2.7.2											0		-
IX.JURY :			NECK (4)	٤	1		1							ın		
ACCIDENT			EYE (3)				1							1		
43.		-	32CE (2)	н	1									2		
TABLE			S <u>rcc.</u>	4	2	٣ .								6		
			0; #1	1069	C	1201	11.01	1973	\$ 07	1075	1075	1311	1318	TOTAL		

The following aircraft are not treated because of insufficient information on which to base type analysis:

E-2 U-11 OV-10 U-16

3.2.1 Attack Aircraft

Attack (and fighter) mission performance requirements are characterized by high velocities at all altitudes. Take-off and landing speeds are also higher than most aircraft. Accidents involving attack aircraft are thus more apt to result in high impact forces, causing multiple severe injuries to occupants. Table 44 supports this, and shows that the skull, neck, and face receive most of the injuries (212 of 265 reported).

Of the 190 position totals, the cockpit accounts for slightly over half (97). Of these 97, 42 were fatal.

3.2.2 Cargo Aircraft

Cargo aircraft come in many sizes, and mission requirements call for considerably more than cargo or personnel transport. Propulsion systems include radial, turbo, and jet engines. In general, speed requirements for take-off, landing, and flight are much lower than attack or fighter aircraft. There is some basic similarity in overall configuration, however, and it is believed that the C-type aircraft can be considered inclusively.

Table 45 shows that skull injuries dominate for cargo aircraft (38 of 67, over half). This could be attributed to more persons not in flight system restraint; this contention is supported in the position data. Also, cockpit fatalities are low in the overall position data (6 of 50), perhaps another manifestation of the slower operational environment.

	TABLE	44.	ACCIDENT	INJURY S	UMMARY	SUMMARY FOR ATTACK AIRCRAFT	CK AIRCE	WFT (JAN	N. 1969	- MAR.	. 1978)	
									SEATING		POSITION TOTALS	ALS
							TOTAL I	INCURIES	COC	COCKPIT	CREW/PS	CREW/PSGR./UNK.
YEAR	SKULL (1)	FACE (2)	EYE (3)	NECK (4)	CER772- CAC (S)	TOTAL (1-5)	FATAL	NOW- FATAL	FATAL	NOM- FATAL	FATAL	NGN- FATAL
1263	15	20	11	15	H	62	13	34	5	10	8	24
1070	15	7	0	6	9	37	10	15	2	8	8	7
1701	4	9		&	9	25	7	13	'n	10	2	3
1272	18	2	2	7	ısı	37	18	11	10	3	8	8
1373	7	4	1	9	2	20	7	6	5	4	7	5
1274	7	5	3	12	4	31	7	12	5	7	2	5
1375	1	М	-1	7	0	12	1	8	1	9	0	2
1375	7	2	0	0	٣	12	c	3	4	2	τ	1
1377	4	5	2	4	4	19	٣	7	3	4	0	3
1073	9	3		0	0	10	2	S	2	1	0	4
70741	84	09	22	89	31	265	73	117	42	55	31	62
						COMBINED		001	6	97	0	93
					,	TOTALS	1	2		1	190	

1969 - MAR. 1978)	SEATING POSITION TOTALS	COCKPIT CREW/PSGR./UNK.	RATAL FATAL FATAL FATAL	2 3 2 1	3 2 16 3	0 0 0 3	0 0 1 0	0 0 0 2	0 0 0 0	0 0 1 3	0 0 3 0	1 0 0 4	0 0 0 0	6 5 23 16	11 39	
RAFT (JAN.		INJURIES	NOU- FATAL	4	S	ίIJ	0	2	0	3	0	4	0	21	C u	00
30 AIRCRAFT	1	TOTAL	17 et 62	4	20	0	1	0	0	0	3	7	0	29		
FOR CARGO			TOTAL (1-5)	11	36	٣		2	0	٣	4	و	0	67	C to Find the Second	
SUMMARY			CB27.1~ CAC (5)	2	0	0	0	0	0	г		0	0	4		ر
INJURY			MECK (4)	1	2	0	0	0	0	0	0	6	0	9		
ACCIDENT			EYE (3)	0	1	0	0	0	0	0	0	1	0	2		
45.			5ACE (2)	2	11	1	0	1	0	1	0	0	0	17		
TABLE			3KUDE (1)	9	22	2	1	1	0	п	8	2	0	38		
			ei *! !! ?!	1063	133	1371	1072	1273	1374	1375	1075	101	1378	TOTAL		

3.2.3 Fighter Aircraft

Fighter aircraft have mission and performance requirements similar to attack aircraft. Injury distribution is similar also; this is shown below:

			Perc	ent of	Injuries	<u> </u>
Aircraft	Injuries	Skull	Face	Eye	Neck	Cervical
Attack	265	32	23	8	25	12
Fighter	149	33	23	6	33	5

Table 46 also shows an expected dominance of cockpit injuries (63 of 113), inclusive of 26 fatalities.

3.2.4 Helicopters

Helicopter accidents generally have a more pronounced vertical component than fixed wing aircraft. This consideration and the contribution of rotor blade strikes may account for the high incidences of face injuries shown in Table 47 (89 of 281 total injuries, 31%). Of the aircraft types studied, skull and face injuries for helicopters are the highest combined injuries; skull (124) and face (89) together account for 213 (75%) of 281 injuries.

Position data are as expected, reflecting (to some extent) troop-carrying missions during combat periods. The significance of the drastic increase in injuries in 1977 would be of interest.

3.2.5 Patrol Aircraft

Patrol aircraft, like cargo aircraft, have a variety of missions, and low-speed, long-range characteristics typify both types. Injury incidence is significantly different, however, as shown on the following text page:

10070														
	TION TOTALS CPEW/PSGR./UNK.	MCN- PATAL	11	10	9	1	1	2	0	я	н	2	37	50
ւ. 1978)	CPEW/PS(FATAL	5	9	0	0	င	0	0	1	0	1	13	10
9 - MAR.	NG POSITION	NON- FATAL	11	2	3	7	'n	1	2	æ	3	0	37	3
IN. 1969	SEATING	FATAL	٣	1	1	7	83	0	1	5	0	0	26	63
RAFT (JAN.	INJUSTES	NON- FATAL	22	12	6	3	9	3	2	11	4	2	74	113
FIGHTER AIRCRAFT	TOTAL IN	1 (1 th	8	7	-	7	8	0	1	9	0	1	39	
FOR FIGHT		TOTAL (1-5)	32	59	11	14	18	9	7	22	9	4	149	COMBINED
SUMMARY F		CAL CAL (5)	1	2	1	0	0	0	1	0	2	0	7	3
INJURY SI		:ECK (4)	17	10	3	1	2	1	2	6	2	0	50	
ACCIDENT I		E7E (3)	3	2	1	0	0	0	0	1	0	1	80	
46. AC		3ACE (2)	9	00	8	4	3	3	0	4	2	7	34	
TABLE		SKULL (I)	5	7	m	6	10	2	4	80	0	2	50	
		0. 41, 10 5-	1363	1970	1271	1972	1273	1074	1975	1375	2377	1378	TOIR	

	_															
	TALS	CPEW/PSGR./UNK.	NON- FATAL	17	91	14	6	4	8	4	7	8	0	77	128	-
	TION TOT	Sd/r.3do	FATAL	11	5	9	9	4	9	2	2	6	0	51	τ	80
. 1978)	SEATING POSITION TOTALS	wir	MON- FATAL	17	5	3	5	11	5	2	0	5	1	54	0	208
- MAR.	35.7	TIAXOCO	PATAL	4	7	2	5	τ	1	2	3	τ	0	26	08	
(JAN. 1969		IMJURIES	NOM- FATAL	.34	21	17	14	15	8	9	2	13	1	131	9	007
	1	TOTAL IN	FATAL	15	12	8	10	9	7	4	5	10	0	11	, с	7
FOR HELICOPTERS			TOTAL (1-5)	62	47	36	29	33	16	14	1.1	30	3	281	CERTER	TOTALS
ARY FOR			CBEVI- CAE (S)	0	2	4	1	4	1	1	0	1	0	14		
INJURY SUMMARY			NECK (4)	7	0	4	7	4	®	3	0	9	0	33		
1			EYE (3)	9	4	0	٣	5	0	1	0	2	0	21		
. ACCIDENT			3ACE (2)	26	19	15	5	6	3	4	3	4	1	89		
TABLE 47.			SKULL (1)	23	22	13	19	11	4	S	80	17	2	124		
			252	1262	1373	1.501	1372	1273	1074	1375	1076	1377	1079	TOTAL		

Aircraft	Total Injuries	Skull	Face	Eye	Neck	Cervical
Cargo	67	38	17	2	6	4
Patrol	60	23	4	2	29	2

Table 48 shows the patrol aircraft data. The disproportionate number of neck injuries is of great interest, but it may be attributed to the sparseness of the patrol data (only P-2 and P-3) as compared to the 11 cargo aircraft studied.

Position data shows a very high fatality trend (32 of 46 positions). This fact coupled with the neck injuries is of great interest.

3.2.6 Search Aircraft

There are great differences in the S-2 and S-3 aircraft, e.g., propulsion, range, speed, etc., but the mission and operating environment similarity is sufficient to permit combining data. When done, as shown in Table 49, neck injuries again show some prevalence (as for patrol aircraft), but skull injuries dominate the data (16 of 31).

Also like patrol aircraft, the fatality trend is high (18 of 22 position data; 14 in cockpit).

3.2.7 Trainer Aircraft

There are many configuration differences in the trainer air-craft used as data sources for the information shown in Table 50. Training performance requirements for the aircraft vary proportionately, however, and the data combination is considered valid.

Skull (44) and neck (19) combine (63) to account for 73% of the total 86 injuries reported.

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)	ALS.	CPEW/PSGR./UNK.	NON- FATAL	F 4	0	0	ָד.	1	0	0	0	н	0	4	27	
	. 1978)	POSITION TOTALS	CPEW/PS	FATAL	3	3	1	5	9	0	0	0	5	0	23		46
	9 - MAR.	1	PIT	HON- FATAL	4	0	0	0	0	0	0	0	0	0	4	19	
	N. 1969	SEATING	COCKPIT	FATAL	2	4	0	0	3	0	0	0	9	0	15	[
	RAFT (JAN.		JURIES	NON- FATAL	٠.	0	0	1	7	0	0	0	1	0	14		
	PATROL AIRCRAFT		TOTAL INJURIES	FATAL	5	7	1	ນ	3	0	0	0	11	0	32		
	FOR PATR			TOTAL (1-5)	19	7	3	8	10	0	0	0	13	0	9		TOTALS
	SUMMARY			CERVI- CAL (5)	0	0	1	0	1	0	0	0	0	0	2		<u> </u>
	INJURY S			NECK (4)	7	9	0	. 2	1	0	0	0	10	0	29		
	ACCIDENT			EYE (3)	. 1	0	0	0	1	0	0	0	0	0	2		
	48.			FACE (2)	4	0	0	0	0	0	0	0	0	0	4		
	TABLE			SKULL (1)	7	н	2	3	7	0	0	0	3	0	23		
				YEAR	1363	1270	1561	1372	1273	1274	1275	1275	1977	1578	TOTAL		

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10070																
(8	TOTALS	CPEW/PSGR./CDK.	1031 1747 1747	1	1	0	0	0	- O	0	1	1	0	4		
R. 1978	or were	CPEW/PS	18787	0	1	0	0	0	2	0	Û.	2	0	5	6	٤,
9 - MAR.	335	00002::	303- 38781	4	2	1	4	2	4	0	2	1	1	21	4	9
(JAN. 1969	555.755	88	1 1 1 1 1 1 1 1 1 1	22	3	2	3	2	3	3	1	3	1	33	ű	
1	3326	i]	2021 924 111	ın	3	rH	\$	2	4	0	3	2	1	25		
ER AIRCRAFT		J	. 1 . 0 . 0 . 0 . 0 . 0 . 0	12	13"	2	3	2	5	3	1	ıc	1	38	63	
FOR TRAINER		<u></u> .	1 10 6 11 11 11 11 11	25	ın	ın	6	4 †	18	2	7	7	4	36	() (d)	101 x 13
)ತ ಸಕ್ಷಸ್ತ್ರವಾಣ				2	н	<u></u>	တ	r=1	0	0	O	ဝ	0	4		
ns kencul			ii t	7	o	m	m	r-4	7	0	2	<i>e-</i> 1	0	13		
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		·1	£.	2 1 2 1 2 1 2 1		11 (1)	1 1 1 1 1 1	/		10		f f f		::		

There are no major similarities with attack and fighter aircraft data, as shown below:

		N	Per	cent of	Injuries	<u> </u>
Aircraft	Injuries	Skull.	Face	Eye	Neck	Cervical
Attack	265	32	23	8	25	12
Fighter	149	33	23	6	33	5
Trainer	86	51	17	5	22	5

Cockpit positions understandably account for most of the position data, and cockpit fatalities are also high (33 of 63 positions).

3.2.8 V/STOL Aircraft

The V/STOL information is based entirely on the AV-8A aircraft, and most of the data came from take-off and landing a cidents with catastrophic impacts/ejections and burns. Thus, the dominance of skull and neck injuries shown in Table 51 can be related to a specific environment.

The cockpit fatality trend (5 of 10 total positions) also attests to the type of accident and air/ground environment.

3.3 ANALYSIS AND DISCUSSION

The injury data presented in the type summaries (Section 3.2) are shown by percentage contribution (per aircraft) in Table 52. Since there are eight aircraft types involved, there are potentially 800 percentage points. These are totalled and then divided by 8 to gain overall injury importance designators. These designators are shown in Table 52.

The skull, by far, has the highest designator, 42. The neck is next with 25, and the face follows with 20. Eye (6) and cervical (7) together (13) do not equal either of the other designators.

()	ניזיו	CREW/PSGR./UNK.	NON- FATAE											0	1	-
R. 1978)	SEATING POSITION TOTALS	Sd/#SdO	FATAL	V.T		, v.	. 2 1		1	1.5 <u>.2</u>	; P)			1		10
9 - MAR.	ING POST	COCKPIT	NON- FATAL								2	2		4	6	
in. 1969	5EAT	သင္သ	PATAL			1			1	2		1		5		
RAFT (JA		INJURIES	303- 347AI								2	2		4		<u> </u>
FOL AIRC	1	בסבסב	12243			1			7	2		1		9	O L	ĺ
INJURY SUMMARY FOR V/STOL AIRCRAFT (JAN.			TOTAL (1-5)			2			5	3	2	7		22	GELTEKOD	10725
SUMMARY			CER77- CAU (5)						1	1				2		
INJURY			:ECK (4)						1	7	2	2		9		
ACCIDENT			三 25 (3)									3		3		
51.			520E (2)								ъ	Н		4		
TABLE			11000			2			ъ	i-i		p=1		7	<u> </u> 	
			01 +1; (a) }:1	2363	0 0 7	1101	0.10 0.7	2,973	101	5.04	60	[- [- [-] - [-] -	т С.	TOTAL		

TABLE 52. INJURY DISTRIBUTION BY AIRCRAFT TYPE

	Total	P	ercentag	e of To	tal lnju	ries
Aircraft	Injuries	Skull	Face	Eye	Neck	Cervical
Attack	265	32	23	8	25	12
Cargo	67	57	25	3	9	6
Fighter	149	33	23	6	33	5
Helicopter	281	44	32	7	12	5
Patrol	60	38	7	3	49	3
Search	31	52	13	3	22	10
Trainer	86	51	17	5	22	5
V/STOL	22	32	18	14	27	9
TOTAL (%)		339	158	49	199	55
Designator		42	20	6	25	7

The designator rankings are supportive of the totals reflected in the head and neck injury summary for the 1969 - 1978 period shown in Table 53. The highest designator (42) accounts for the most injuries of the 1,038 total, the skull with 430 injuries.

Neck (25) and face (20) designators account for a total of 476 injuries, leaving only 132 for cervical (7) and eye (6).

The designator can be used in several ways, but here only to prioritize discussion and recommendations.

3.3.1 Protection Considerations

The military crewmen's helmets afford some degree of protection for all but one of the regions under study, i.e., eyes. The skull is completely enclosed; the peripheral extent of the face is partly protected; the upper rear and the sides of the neck are partly protected; and the upper cervical vertebra receives the same protection as the neck rear. The eyes are exposed except for visor attachments.

TABLE	53. II J	EAD AND AN. 1969	NECK INC - MAR.	JURY SUM 1978	MARY FOI	R PERIOD
YEAR	SKULL, (1)	FACE (2)	EYE (3)	NECK (4)	CERVI- CAL (5)	TOTA1. (1-5)
1969	88	66	22	53	6	235
1970	3 4	51	7	34	13	189
1371	33	32	2	20	12	99
1972	56	18	6	18	7	105
1073	40	17	7	18	8	90
1974	27	18	3	24	9	81
1/175	25	13	2	14	4	58
1976	30	16	1	13	4	64
1977	33	12	10	30	7	92
1978	14	5	2	4	0	25
TOTAL	430	248	62	228	70	1038
DESIG- NATOR	42	20	6	25	7	

The skull, which receives the most protection from the helmet, receives the most injuries as shown in Table 53. The face with a designator of 20, the eyes with a 6, and the cervical vertebra with a 7 receive comparatively minor protection, yet they sustain the least injuries - a total of 380 in the data used. Together they account for 50 less injuries than the skull, which has a designator of 42.

The potentiality of the helmet for receiving localized impact and then redistributing the impact to other regions must be considered. The neck and vertebra would probably be most involved in secondary injuries from skull helmet primary impacts. Configuration design and weight of the helmet also plays an impact role in helmet impact distribution.

3.3.2 Directional Considerations

Table 54 provides a total distribution of the position data used in this study. Nearly 46% of the data accounts for fatalities (349 of 765). Cockpit fatalities (194) account for 25% of the position data. There were 387 cockpit injuries involved, 51% of the total 765.

The greatest majority of seats in cockpits face forward, so occupants in most of the accidents used to provide the cockpit data must have been facing forward on initial impact. The fact that the face and eyes sustain such lesser injuries in this environment must mean that forward body rotation occurs and places the skull in the primary impact position. Forces are concentrated first on the frontal and parietal regions of the skull and then transferred to the neck and vertebra. The helmet, while initially acting to attenuate the force, would also serve to maintain a direct downward transfer to the neck and vertebra.

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TABLE 54. INJURY POSITION SUMMARY FOR PERIOD JAN. 1969 - MAR. 1978							
TOTAL II	MINDING	SEAT	ING POSI	TION TOTALS			
TOTAL, L	NOUKIIS	COCI	CPIT	CREW/PS	GR./UNK.		
FATAL	NON- FATAL	NON- FATAL FATAL		LYLY	NON- FATAL		
72	111	40	51	32	60		
77	61.	32	23	45	38		
23	49	1,2	20	11	29		
46	36	25	16	21	20		
28	42	22	22	6	20		
26	29	15	17	11	12		
16	22	11	12	5	10		
20	22	13	14	7	8		
33	35	17	15	16	20		
8	9	7	3	1	6		
349	416	194	193	155	223		
		31	87	378			
7	65 		7	65			

On the basis of data analyzed in this program, the primary direction of force initiation and interaction on the skull, face, eyes, neck, and vertebra is believed to be centered on the frontal and parietal regions of the skull.

4.0 INJURY PROFILES

To further support the directional determination established in Section 3.0, the following was accomplished:

- All fatal skull, face, eye, neck, and cervical injuries were tabulated by aircraft model and then combined to obtain type profiles.
- Autopsy comments taken from hard copy of MOR were scored on a drawing to obtain visual correlation with the type profiles.

The number of MOR reviewed (37) was insufficient for complete type profiling in some cases (patrol, search, and V/STOL aircraft) but still supportive of overall trends. The MOR information was adequate for the attack, fighter, trainer, and rotary-wing aircraft profiles.

Professional assistance in developing the injury profiles presented herein was provided by Dr. Brian D. Blackbourne, M.D., Deputy Chief Medical Examiner, Department of Human Resources, Government of the District of Columbia, Washington, D.C.

4.1 AIRCRAFT TYPE FATAL INJURY PROFILES

4.1.1 Attack Aircraft

Table 55 shows the result of tabulating 78 injuries for attack aircraft. The skull sustained the majority (46 of 78); the neck (16) and cervical vertebra (13) combined received 24. The face accounted for only 3 and the eyes none. Considering the totals, decapitation and fractures have an apparent interrelationship between skull and neck.

The nature and severity of the dominant diagnoses (compound/comminuted, decapitation, and avulsion) are also illustrated in Figure 1 which is based on information from 9 MOR cases. The

Diagnosis	Skull	Face	Eye	Neck	Cervical	Total
Hemorrhage	. 2		·;=:	500 - 240 <u>- 2</u> 4		2
Compound	5			1		6
Compound Comminuted	11	1		-		12
Decapitation	7			10		17
Evisceration	1					1
Fracture, Simple	4			3	. 3	3.0
Λvulsion	7	•				7
Comminuted	1					1
Crushing	1					1
Depressed	ŀ					1
Laceration	4					4
Transection	1				10	11
Contusion	1	2		1		4
Dislocation				1		1
TOTAL	46	3		16	13	78

upper head and neck injuries are typically fatal or critical in severity, while the facial injuries would be considered severe but not life threatening for the most part.

4.1.2 Fighter Aircraft

Of 52 fatal injuries used for fighter aircraft, the skull received 36 and the neck (11) and cervical vertebra (5) combined received 16 as shown in Table 56. No injuries to the face and eyes were included in the printout. Avulsion and decapitation dominate the diagnoses on a part and total basis, ample evidence of the severity of the fighter aircraft crash environment.

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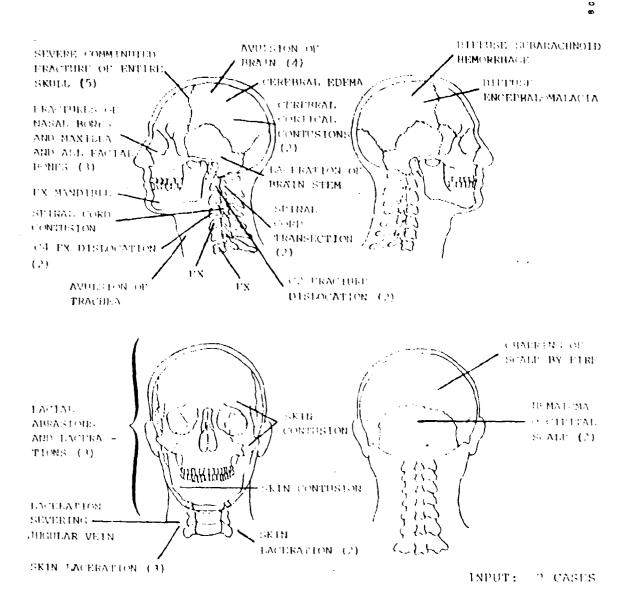
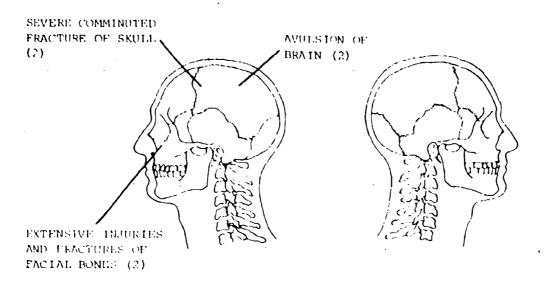
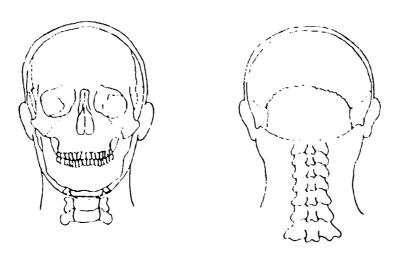


Figure 1. Attack Aircraft Injury Profile.

TABLE 56. FIGHTER AIRCRAFT INJURIES						
Diagnosis	Skull	Face				Total
Avulsion	6	tt iv str	14.1 mg		A 21 88 1 12	6
Depressed	1					1
Crushing	3				÷	3
Comminuted	2			•.		2
Compound	2					2
Compound Comminuted	3					3
Decapitation	6			9		15
Hemorrhage	5		٠			5
Laceration	3					3
Asphyxia/Strangulation	••		-	1	,	• 1
Contusion	2					2
Hematoma	1					1
Fracture, Simple	1			1		1
Compression					1	1
Rupture	1					1
Dislocation					1	1
Transection					3	3
TOTAL	36			11	5	52

Only two MOR cases were used for the profile shown in Figure 2, yet even this limited input supports the dominant skull injury trend.





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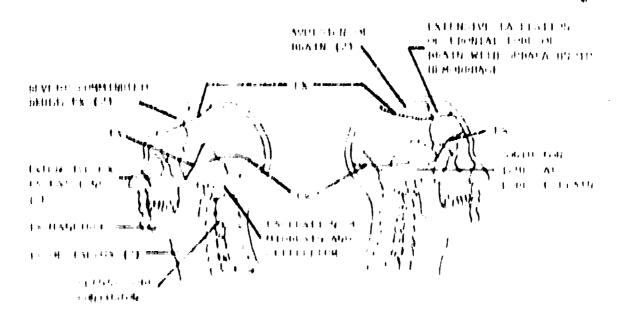
Figure 2. Fighter Aircraft Injury Profile.

4.1.3 Trather Michall

The many varied configurations of trainer stream (T=1, T=2, T=20, T=31, T=34, and T=39) on which the source data ware based did not offset or after the injury trend already satisficient. Table 67 clearly shows the dominance of skull injuries on a 3-to-1 rate for such infurios, of note, no face or eye injurious were rejected, the patte. In least protection afforded by the holmet, hosspitation dominates the fotal data, and fractures, transcettons, and avaision state near equal importance.

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life threatening) by themselves, but when identified as additional injuries involving the fatal skull primary injuries, the data again points to the primary directional influence on the skull.

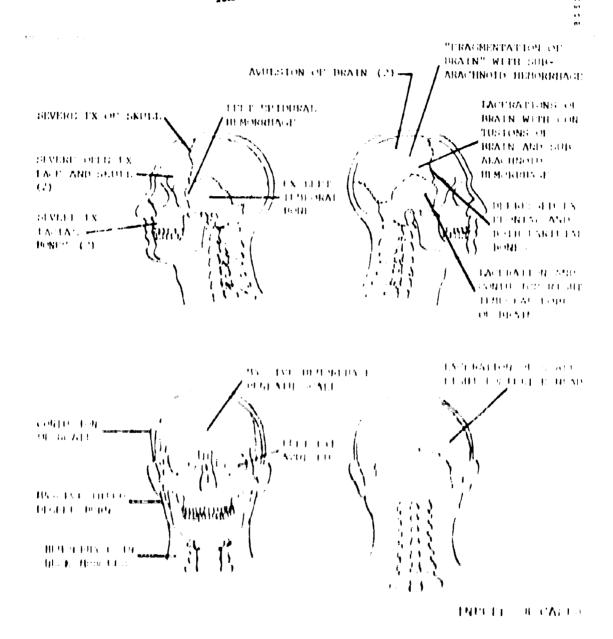
4.1.4 Helicopters

As Table 58 shows, the skull is by far the most affected injury region for helicopters, accounting for 35 of 42 injuries. The nock (4) and face (3) account for the remainder (7).

むけんし	15	3		4		42
Nemoci haye	<u> </u>		-1			1
Depressed	7					7
Transcollon	2			1		3
Abi est on		3				1
Practure, Bimple	1					1
Deaplication	4			2		6
Crushing	,			1		4
Compound	7					7
Comminuted	2	1				3
Avulation	10					1,0
Compound Comminuted	J	1				4
Diagnonin	skul l	Yaco	Eyo	Nock	Corvical	Total

The heltcopici profile in Figure 4 to based on 4 MOR edges, the 2 of the intuites shows would be considered singularly fatal, i.e., severe open fractures of the face and shull and avalation of the brain. The others could be estequised as severe (life threatening, survival probable), severe (not life threatening), sederate, and since. The evertiding influence of the primary shull be quite avident.

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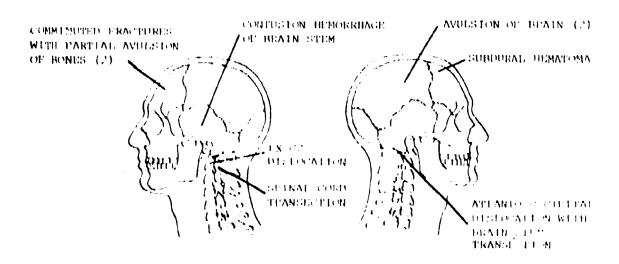
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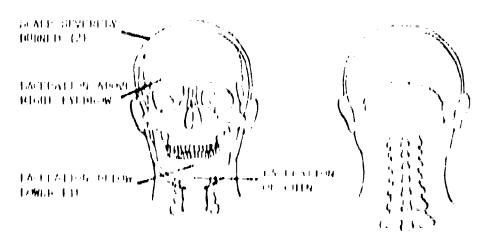
4.1.5 Search Aircraft

As shown in Table 59, decapitation is singularly credited to the neck for search aircraft, and it and avulsion dominate the total data reported. The skull receives 10 of the 19 injuries reported, and the neck (5) and cervical (3) together (8) account for all but one injury which was sustained by the face.

TABLE 59. SEARCH AIRCRAFT INJURIES						
Diagnosis	Skull	Face	Eye	Nuck	Cervical	Total
Decapitation				4		4
Avulsion	3					3
Compound	1					1
Doprossed	2				•	2
Laceration	2					2
Comminuted		1				1
Fracture, Bimple				1	1	2
liomatoma	1		ř			1
Homorthago	1					1
Dimlocation					1	1
Transection	•				1	1
TOTAL	10	1		5)	19

rigure 8 (based on 6 MOR caner) supports the dominance of fatal skull injuries, but also shows several injuries to the face which are singularly survivable. Here again is demonstrated the frimary severity of impacts on the frontal region of the skull and interrelated effects on the newk/cervical region.





INPUTE 6 CASES

figure to rearch Arrelatt Impory Frofile,

4.1.6 Patrol Aircraft

Only limited data were available for patrol aircraft, but they continue to demonstrate the skull and neck/cervical region interrelationship. Neck and skull dominance is shown in Table 60.

TABLE 60. PATROL AIRCRAFT INJURIES						
Diagnosis Compound Comminuted	Skull 2	Face	Eye	Neck	Cervical	Total
Fracture, Simple	1				1	2
llemorrhage	1					1
Decapitation				6		6
TOTAL	4			6	1	11

Figure 6 is based on only 2 MOR cases; all injuries shown would be fatal or critical (survival uncertain).

4.1.7 V/STOL Aircraft

As Table 61 shows for V/STOL sireraft, injuries are again grouped under skull and neck/cervical. Fractures dominate the total 11 injuries reported, and also show prevalence in the profile, Figure 7, which is based on 4 MOR cases.

for the V/RTOL Aircraft, there is some departure from the trend consistent in data on other aircraft. A general fraction-ation of the head from various directions seems evident, an opposed to the skull-to-neck/corvical relationship. Also, most of the injuries would be survivable if treated on a singular basis.

SEVERE COMMINUTED FRACTURES
OF SKULL WITH AVULSION OF
BRAIN (PARTIAL DECAPITATION)

AVULSION OF
LARYNX

COMPLETE DECAPITATION
WITH LASS OF CERVICAL
VERTERRA AND HEAD

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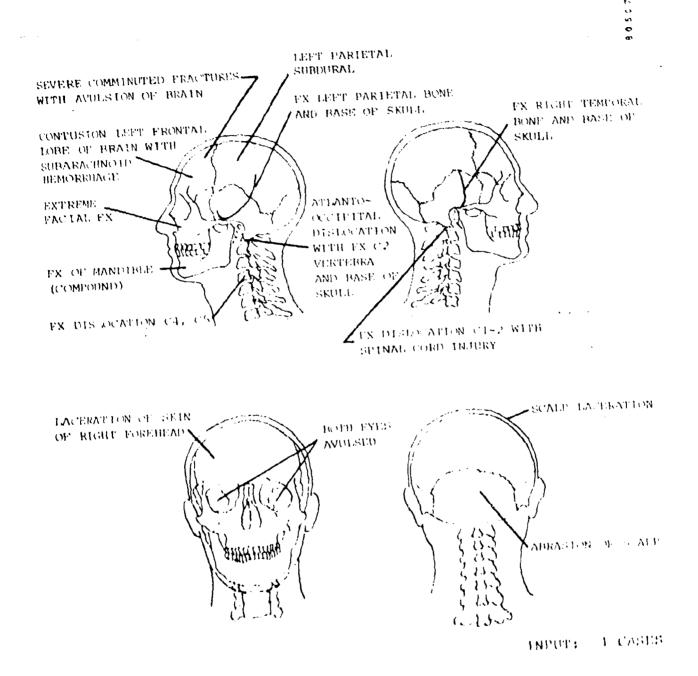
Piquie 6, Patrol Aircraft Injury Profile,

TABLE 61. V/STOL AIRCRAFT INJURIES							
Diagnosis	Skull	Face	Eye	Neck	Cervical	Total	
Comminuted	1				. 121	1	
Fracture, Simple					1	1	
Compound	1					1	
Contusion	1					1	
Perforation				1		1	
Dislocation					1	1	
Decapitation	1			1		2	
Compound Comminuted	3					3	
TOTAL	7			2	2	11	

4.2 ANALYSIS AND DISCUSSION

This discussion is made without consideration of injuries which were sustained by parts of the body other than the skull, face, eye, neck, and cervical vertebra; the scope of the program limited study to the parts named. Severe injuries to the head and neck regions, however, do limit the performance of other body parts to the extent that their consideration would be of secondary importance.

The data presented in this section does not in all cases complement each other. For example, the total-injury-by-aircraft model printout identified no face or eye injuries for the AV-8A aircraft as listed in Table 61, yet face and eye injuries were identified in the autopsy results reviewed in the 4 MOR cases illustrated in Figure 7. This was found in only a few cases, however, and the rate of incidence is not sufficient to influence overall statistics and trends.



frame 7. V/Stol Aircraft Injury Profile.

Considering all of the injury dominance discussed heretofore, and knowing the injury areal effects, the following discussion seeks to impart rationale for further research to decrease injuries to the head and neck regions.

The data presented in this section are from fatal accident injuries which obviously exceed human tolerance to impact where skull fractionation, avulsion, decapitation, etc., occur and dominate. To remove or reverse this dominance in the aircraft accident environment cannot be accomplished on an overall basis. Instead, the problem (3) must be technically addressed on an individual aircraft model or type basis. Where there is a prevailing directional influence which can be identified on an overall basis, however, and where direct causal relationship can be established between the elements affected in the impact chain, such as the helmet, head, and neck, then it is possible to identify and concentrate on a specific objective which will benefit and upgrade survivability in all aircraft models and types.

The helmet is the only non-human device among the elements of the helmet, head, and neck chain involved, and it has been the subject of extensive developmental research. Existent configurations have evolved on the basis of accident studying and material refinement made to obtain the most safety and yet satisfy and permit operational functions. However, knowing the certainty of more fatalities and disabling injuries, which can be assumed on a statistical basis, then even more research and refinement appears as a natural course of action.

The primary cause of the dominance of skull and neck/cervical injuries is due to impacts received as the upper body is undergoing severe decelerative force while restrained in a relatively upright position, and the head, influenced by the weight of the helmet, uncontrollably undergoes forward and downward flexion. This places

the frontal and parietal parts of the skull in position for secondary impact with any object in front of the head; primary impact will be on the portion of the helmet covering these skull parts. As the impact chain activates and functions, the forces encountered by the helmet/head are transferred to the neck which ultimately must serve to diminish some of the head impact and accept near final force concentration.

If an interruption in the load transfer can be accomplished, or if the initial impact force can be ameliorated, then the skull and neck will benefit. Future research then should incorporate these basic objectives:

- Investigate mechanical means in the helmet structure which will facilitate load interruption and/or attenuation.
- Investigate lightweight energy-attenuating devices and materials which can become a part of the helmet exterior.

5.0 MOR REPORTING SYSTEM

The Navy MOR system provides a very extensive and completely detailed account of aircraft accidents. It provides information on:

- Aircraft and personnel involved, and includes a narrative of the accident.
- Injuries incurred.
- Psychophysiological and environmental factors.
- Demographic and training proficiency data.
- Personal, survival, and escape equipment usage.
- Escape and egress information on each person.
- Ejection or bailout information, including helmet, restraint system, and seat usage.
- Survival and rescue information.
- Flight surgeon's comments, analyses, and recommendations, including autopsy findings if appropriate.

Through analysis and using an in-depth EDP procedure, the accident information from the MOB is computerized and available for use by Naval Safety Center personnel.

The information available in hard copy and from the data bank are more than adequate for a study of this nature. The system's capability to provide both event and injury data is considered excellent.

The only information not found in the MOR system is engineering data which could be used for hardware-related medical determinations. Examples would be drawings and/or photographs of areas and specific structure/components which caused or contributed to injuries. There was some inclusion of this type of data in the older MOR reviewed.

In each MOR, the flight surgeon is asked to make comments, analyses, and recommendations on the accident being reported. The recommendations made for improving safety and procedures seemed sincere, reasonable, and conscientious in most of the MOR hard copies reviewed. It was beyond the scope of this effort to determine the effectiveness of the recommendations in "getting things done." A study devoted to this determination would be of interest if based on a period of long enough duration to yield representative results.

6.0 INJURY COSTS

The costs of injuries derived from accidents is now an important element in determining information to support decisions for new designs, making procurements, writing standards and specifications, etc. Such costs are also factors in making cost/benefit determinations, and are considered essential for the rule making process.

The military departments have assigned dollar loss values based on grade, flight status, crewmanship, etc. In comparing these values with values used by civil departments, it was found that the military values are much lower than civil values for persons who have no professional or technical training.

To illustrate the above, discussion on use of the Abbreviated Injury Scale (AIS) used by the National Highway Traffic Safety Administration (NHTSA) for motor vehicle accidents is presented.

The AIS was first published in 1971 by a joint Committee of the American Medical Association, the Society of Automotive Engineers (SAE), and the American Association of Automotive Medicine (AAAM). The scale was devised in response to a research need for a consistent scale for collecting and analyzing injury severity data and, specifically, for use by multidisciplinary accident investigation teams, which were being set up by the National Highway Traffic Safety Administration. Since that time, AIS has gained acceptance in accident investigation research, and it is likely that its use will increase in the future.

The AIS has undergone several revisions since its inception. The most recent revision of AIS was done by the Subcommittee on Injury Scaling of the SAE. The scale, as it now stands, is as follows:

AIS Code	Category
1	Minor
2	Moderate
<u></u> 3	Severe (not life threatening)
4	Severe (life threatening, survival probable)
5	Critical (survival uncertain)
6	Maximum severity (currently untreatable)

Table 62 presents the average cost per fatality and injury by AIS level.

TABLE 62.	SOCIETAL	COSTS, S	UMMARY, 1	L975 (E	OLLARS	3)	
	Injury Severity (AIS)						
Cost Component	6	5	4	3	2	1	PDO
Production/Con- sumption:							-
Market Home, family and community	211,820*	126,650*	55,550*	1,645	865	. 65	-
	63,545*	37,995*	16,660*	425	310	20	-
Medical:							
Hospital Physician and other Coroner-medical examiner Rehabilitation	275	5,750	2,250	1,095	450	45	-
	160	5,520	2,160	525	165	5 5	-
	130	- 6,075	3,040	-	- -	-	<u>-</u>
Funeral	925*	-	-	-	-	-	-
Legal and Court	2,190	1,645	1,090	770	150	140	7
Insurance Admin- istration	295	295	285	240	220	5 2	30
Accident Inves- tigation	80	80	70	45	35	28	6
Losses to Others	3,685	4,180	1,830	260	130	32	-
Vehicle Damage	3,990	3,990	3,960	2,920	1,865	1,595	315
Traffic Delay	80	60	60	160	160	160	160
TOTAL	287,175	192,240	86,955	8,085	4,350	2,190	520

Using the \$287,175 loss-of-life value (AIS 6) in Table 62, the costs of fatalities used in this analysis would be as shown in Table 63.

TABLE 63.	SOCIETAL COSTS BASED ON AIS 6		FATALITIES 1978)		
	Number				
Year	<u>Fatalities</u>		Societal Costs		
1969	72		\$ 20,676,600		
1970	77		22,112,475		
1971	23		6,605,025		
1972	46		13,210,050		
1973	28		8,040,900		
1974	26		7,466,550		
1975	16		4,594,800		
1976	20		5,743,500.		
1977	33		9,476,775		
1978	8		2,297,400		
ΤΟΤΛ1,	349		\$100,224,075		

If comparable Navy injury loss values for AIS 1 through 5 were computed for the 416 non-fatal injuries reported, the total societal costs for the 10-year period would be appreciably greater.

It is understood that societal costs for motor vehicle accidents can not reflect the worth of training, medical, and other factors in a Naval injury. If values similar to the AIS levels were formulated, however, they would prove to be a valuable command management tool in training and other staff functions.

7.0 CONCLUSIONS

On the basis of the study reported herein, the following conclusions are made:

- 1. The principle directional influence on skull, face, eye, neck, and cervical injuries is centered in the frontal and parietal regions of the skull.
- Emphasis should be placed on personal safety and survival equipment research in high-performance aircraft.
- Specific aircraft models and types can be identified which warrant further engineering and/or analytical research.
- 4. The flight surgeon's recommendations (made over a long-term period) for improving aircraft safety and search and rescue operations should be assessed for effectiveness.
- 5. A simplistic cost value for fatalities and injuries, similar to the NHTSA AlS system, would be of considerable value to Naval safety engineering and management and in conducting studies of the type reported herein.
- 6. Navy MOR and the Naval Safety Center data bank are efficient and responsive media for establishing and supporting research objectives; availability of injury-related engineering information would further enhance research effort.

8.0 RECOMMENDATIONS

The following recommendations are made:

- Further research should be devoted to the role the helmet plays in:
 - Preventing injuries
 - Causing injuries
 - Distributing impact force received on the frontal and parietal regions of the skull.
- 2. Cost benefit analysis should be made to determine the extent to which life support systems should be refined in high performance aircraft, if not already accomplished. Trade-off parameters should include points at which refinement is directed to personal safety and survival equipment.
- 3. The causation for dominance anomalies of injuries in certain aircraft models/types should be determined, if not already known. Examples are:
 - High cockpit fatality rates for the S-2 and S-3 (14 of 22 position data)
 - A 270% increase in injuries and a 200% increase in fatalities in helicopters from 1976 to 1977
 - High neck injury rates and fatality rates in patrol and search aircraft.
- 4. A study be made of action taken on recommendations made by flight surgeons in accident reports to determine the benefits derived from implementation and the results of not implementing recommendations.
- 5. A costing system based on recent dollar values be developed for injuries and fatalities.
- 6. Total fatality and injury profiles by aircraft models and types be developed from data in the Safety Center data bank. Such profiles could be used in programs to emphasize training proficiency attainment and accident prevention. "Shock graphics" are considered effective in both industry and government.